



Saint Mary's College Medical Consent Forms

Athlete Name: _____

Grade: 1 2 3 4 5

Sport(s): _____

PLEASE CAREFULLY READ AND SIGN THE FOLLOWING FORMS:

- **PART I.** Medical Consent: Allows Saint Mary's College athletic trainers and physicians to treat any injury or illness incurred by you while at Saint Mary's College.
- **PART II.** Release of Information: Allows those listed to release and/or receive information concerning your injuries/illnesses to/from insurance carriers, medical personnel and/or medical facilities.
- **PART III.** Shared Responsibility: Provides information to you concerning certain inherent risks involved with participation in intercollegiate athletics and that you are willing to assume responsibility for such risks.

PART I. MEDICAL CONSENT

I hereby grant permission to the Saint Mary's College (SMC) team physician or other physicians designated by SMC to provide me with any medical care or surgical care they deem reasonably necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during SMC athletic activities.

I further authorize the athletic trainers at SMC who are under the direction and guidance of the SMC team physician to provide me with any preventative, first aid, rehabilitative or emergency treatment they deem reasonable to my health and well-being as a result of injuries or other medical conditions occurring as a result of participation in SMC athletic activities.

If reasonably necessary to provide the care described in the preceding two paragraphs, I grant SMC officials to authorize hospitalization at a local hospital.

PART II. AUTHORIZATION FOR RELEASE OF INFORMATION

A. I hereby authorize Saint Mary's College (SMC) athletic trainers, school health services and team physicians to release medical information to coaches, insurance carriers and one another with information concerning injury or illness relative to my past, present or future participation in athletics at SMC.

B. I hereby authorize any medical facility, physician or medical personnel who has attended me to disclose when requested by SMC, any and all information regarding my injury or illness, medical history, consultation, diagnostic tests, treatments, recommendations and all copies of hospital or medical records.

A photo copy of this authorization shall be considered valid and effective as the original.

PART III. SHARED RESPONSIBILITY FOR SPORTS SAFETY

The responsibility for sports safety must be shared by all. Included in this group should be administrators, coaches, physicians, school health services, athletic trainers and student athletes. I, the undersigned, am aware that there is a certain risk of injury involved in my participation in Intercollegiate Athletics at Saint Mary's College (SMC). I understand that my signature does not relieve SMC of its responsibilities to me. This document is intended to make me aware of my responsibility in preventing potential injuries, complying with the treatment plan of SMC athletic medical staff and acknowledge the inherent risk that occurs with participation in athletics. I understand this includes the risk of spinal cord and brain injury that may result in paralysis and the possibility of other permanent injury or death. I have read the above share responsibility statement. I acknowledge the fact that these risks exist and I am willing to assume responsibility for such risk while participating in athletics at Saint Mary's College.

Athlete's Signature Date

Athlete's Signature Date

Athlete's Signature Date